cach 1	ARIZONA STATE BOARD OF HEALTH	
	1. PLACE OF BIRTH  BUREAU OF V	TTAL STATISTICS State File No. 115
ě		
number	County	
12		State and
• II	District or Township	Or Village
ach, and th	City Globel	Case T. Hand
Bug	(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
ਜ਼ੂਂ ∥	2. Full hame of child Douglas Gene and number)	
each	8. Sex of Child   m	If child is not yet named, make supplemental report, as directed.
<u>ა</u> ∥	To be answered ONLY \4. Twin, triplet or other in event of plural	6. Legitimate?
<u>آ</u> ۾	Male births. 5. No., in order of birth.	7. Date of birth 6 - 18 - 25
å ii	8. FATHER	Month Day Year
ਭ ∥	Full name C	14. MOTHER
	True Robert andrews	Full maiden name 7
must be made for	9. Residence	Full maiden name Margaret Miller
Target Ta	(Usual place of abode)	15 Residence (Usual place of abode)
5호   -	If non-resident, give place and state. Cru	
24	10. Color or race	
본불	und to	16 Color or race
รัช   -	11. Age at last birthday 3/ (Years)	white
order		1, 17. Age at last birthday 2 (Years)
	12. Birthplace (city or place)	18. Birthplace (city or place)
<u>.</u>	(State or country)	(State or country)
: 1	13. Occupation	(Classe of Country) area
in a	Nature of industry	19. Occupation
: 11	Alexan	Nature of industry
]   -	20. Number of children of this mother	Housewife
		now living 2   21. Were precautions taken add
	(Taken as of time of birth of child herein certified and including this child.)  (b) Born alive but (c) Stillborn.	now dead thaimia neonaturum?
	I hereby certify that I attended the birth of this child, who was a rece alone	
	*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that notice the state of	Wadnes
	etc., should make this return. A stillborn }	611.6
J.f.	child is one that neither breather nor shows other evidence of life after birth.	yrous any
- 11 (	Siven name added from	(Physician or midwife).
	Month, day, year	V
11/		13.
	Filed	